

2004 Glossary for DSHS Client Services Database

Aging and Adult Services

AAS serves frail elderly persons, as well as functionally disabled people over 17 years of age. AAS provides assistance with activities of daily living such as housework, shopping, and money management as well as with life functions such as self-care, eating, and medication management.

Components of the long-term care system include:

- **Community services provided through AAS field service offices;**
- **Community services provided through Area Agencies on Aging;**
- **Nursing home quality assurance, regulation, and funding.**

Adult Family Homes: Adult Family Homes (AFH) are small group care residential settings licensed to care for up to 6 (six) adults who cannot live alone but do not need 24-hour skilled nursing supervision; AFH residents are not related to the provider, AFHs encourage maximum resident independence and involvement. They provide a range of daily activities tailored to resident preferences. AFHs provide room, board, laundry, supervision, assistance with activities of daily living, and personal care; some provide nursing or other special care and some AFHs provide transportation.

Room and board, care and services vary depending on provider qualifications. Providers are required to adequately staff each AFH to meet the needs of their residents.

AFHs may be funded through an individual's private resources, Medicaid, the COPES (Community Options Program Entry System) Waiver, or the Medically Needy Residential Waiver.

Adult Residential Care: Licensed boarding facilities for disabled adults offer 24-hour supervision in a Boarding Home (BH) in a community setting. The home provides housing, meal services and assumes general responsibility for the safety and well-being of the residents and helps with the following: planning medical care, managing medications, and the handling of financial matters when necessary. ARC services also include a Personal Care element assisting residents with the activities of daily living. Residents may need/receive limited supervision. ARC residence is either COPES (Community Options Program Entry System), State-only, or Title XIX funded.

Boarding Homes allow residents to live an independent lifestyle in a community setting while receiving necessary services from staff. BH can vary in size and ownership from a family operated 7-bed facility to a 150-bed facility operated by a large national corporation. Some specialize in serving people with mental health problems, developmental disabilities, or dementia.

Enhanced Adult Residential Care (EARC) provides help with medication administration and personal care. No more than two people will share a room and Intermittent nursing care must be provided.

Payment for services is provided by the individual (in the majority of cases), or through COPES, Medicaid, the Medically Needy Residential Waiver or State funds.

Assisted Living: Services provided in licensed boarding facilities for adults requiring assistance with self-care tasks but who otherwise can remain in a community residential setting. Assisted Living facilities are boarding homes with an emphasis on privacy, independence and personal choice.

Generally these are private apartments, with a private living unit and private bathroom and intermittent nursing services and assistance with medication administration and personal care. Services are available 24 hours a day and include limited nursing care, assistance with activities of daily living, limited supervision, and housekeeping.

Clients pay a participation fee (non-exempt income above the Medically Needy Income Level) and AAS pays the remainder through the COPES waiver or the Medically Needy Residential Waiver.

In-Home Services: These include both Chore and Personal Care services delivered in the client's home, as well as some ancillary services, provided off site, essential to seniors safely living in their own homes.

Chore is state-funded and provides in-home personal care services to non-Medicaid eligible, low-income, disabled or very frail adults who still live in their own homes. This group includes all contracted agency and individual provider services as well as provider meal reimbursements and travel costs.

Personal Care employs individuals and contracted agencies to assist low-income disabled or frail adults with the activities of daily living, such as bathing, dressing and grooming, meal preparation and household chores, allowing clients to safely remain in their own homes.

Included are Title XIX funded Personal Care services and transportation for Medicaid-eligible clients as well as Community Options Program Entry System (COPES) funded in-home Personal Care reimbursements. In addition to Personal Care, COPES pays for the following ancillary services: Adult Day Care and Adult Day Health, Environmental Modification (necessary physical adaptations to the client's home), Home Health treatments, Home Health Aides, Health Screening, Hospice, Information and Assistance, Minor Home Repairs, Personal Emergency Response System equipment installation and monitoring, Senior Centers, Senior Meals, including Home-Delivered Meals and meals in group settings, Special Medical Equipment, Skilled Nursing and Transportation.

Nursing Facilities: A nursing facility (NF), or nursing home, provides 24-hour supervised nursing care, personal care, therapy, nutrition management, organized activities, social services, room, board, and laundry. NF residents have the right to exercise reasonable control over life decisions in a safe, clean, comfortable, and homelike environment. They have a right to choice, participation, privacy, and the opportunity to engage in religious, political, civic, recreational, and other social activities that foster self-worth and enhance quality of life.

In these residential facilities, staff perform an array of services for disabled persons who require daily nursing care as well as assistance with medication, eating, dressing, walking, or other personal needs.

Payment for services may be made through the client's resources, Medicaid or Medicare and, for Veterans, through the Veterans Administration.

Additional Services (AAS Miscellaneous): Services that are small or unlike others are included in this category. Client counts and expenditures for the following services appear in the program total only.

1. Nursing Home Discharge Allowance,

2. Foster Grandparents--AAS pays a small amount of money to elderly participants for their work in the community or in schools for mentally retarded,
3. Private Duty Nursing--AAS funds special, 24-hour intensive nursing services, generally for younger clients with traumatic brain injuries, and 4) Adult Day Health Services.

Not in this Report: Adult Protective Services; Respite Services; Some AAA Services; Comprehensive Assessments; COPES Nurse Oversight; COPES Participation Reimbursements; Nursing Facility Placement; Nursing Home Nurses Aid Training; Caregiver Training and Continuing Education for Individual Providers; Audit Settlements and Recoupments; OASI Refund.

Alcohol and Substance Abuse

DASA provides alcohol and drug related services to help people recover from alcoholism and drug addiction. DASA contracts with counties, tribes, and service agencies to provide services to clients who cannot pay for the full cost of treatment. DASA pays counties and tribes to provide Assessments and Outpatient Treatment. DASA pays counties or hospitals to provide detoxification services. The amount paid to individual counties is based on an allocation formula which takes into account demographic factors associated with the incidence of substance abuse. The counties either provide the services directly or contract with private agencies to provide services. DASA also contracts directly with service agencies to provide Residential Treatment services. DASA does not provide any direct client services.

ADATSA Assessments: The Alcohol and Drug Addiction Treatment and Support Act (ADATSA) establishes a discrete mode of treatment for indigent, unemployable alcoholics and drug addicts as a constructive alternative to maintaining these persons on the public assistance rolls. Clients determined both financially indigent and clinically eligible may receive ADATSA Assessment services from contracted assessment entities. An assessment includes a diagnostic evaluation of alcohol or other drug addiction; a determination of employability; and, if the applicant elects treatment, a determination of the proper access point to the continuum and course of treatment for that client.

Assessments--General: Counties either provide the service directly or contract with private agencies to provide a variety of diagnostic services in a non-residential setting. Tribes provide the services at tribal facilities. General assessment patients include Medical Assistance-eligible and low-income adults and adolescents. General Assessment services also include assessment activities provided through Group Care Enhancement contracts with JRA and Mental Health Group Homes. Specialized assessment services are also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants.

Detoxification: Detoxification is a short-term residential service for persons withdrawing from the effects of excessive or prolonged alcohol or drug consumption. Services continue only until the client recovers from the transitory effects of acute intoxication. Detoxification always includes supervision, and may also include counseling and/or medical care. Most counties provide detoxification in specialized freestanding facilities. In other counties, community hospitals provide detoxification.

Opiate Substitution Treatment: Contracted Opiate Substitution Treatment agencies provide outpatient services for both Medicaid eligible and non-Medicaid eligible clients addicted to heroin or other opiates. Opiate Substitution Treatment includes counseling and daily, or near daily, administration of methadone or other approved substitute drugs.

Outpatient Treatment: Counties either provide the service directly or contract with private agencies to provide a variety of treatment services in a non-residential setting according to a prescribed treatment plan. Tribes provide the services at tribal facilities. Outpatient Treatment patients include ADATSA, Medical Assistance-eligible, and low-income adults and adolescents. Outpatient treatment for ADATSA clients includes vocational counseling and other efforts to help clients regain employment. Outpatient Treatment services also include treatment activities provided through Group Care Enhancement contracts with JRA and Mental Health Group Homes. Specialized treatment is also provided to targeted client groups including DCFS-referred adults, pregnant and parenting women, youth, Native Americans, and TANF participants.

Residential Treatment: DASA contracts directly with private agencies to provide the following chemical dependency services: Intensive Inpatient Treatment, Long-term Residential Treatment, and Recovery House Care. Specialized Residential Care is provided for populations with co-occurring disorders (mental health issues in combination with substance use disorders). Residential Treatment also includes Involuntary Chemical Dependency Treatment (ICDT) provided at the Pioneer North and Pioneer East facilities. Residential facilities provide treatment to both ADATSA and regular DASA clients, pregnant and parenting women, and youth.

Additional Services: Services that are small or unlike others are included in this category. Client counts and expenditures for the following services appear in the program total only.

1. Parenting Education services for Pregnant and Parenting Women,
2. Miscellaneous services for Pregnant and Parenting Women,
3. DASA Therapeutic Child Care--the Childhaven agency provides child care for children affected by alcohol and/or drugs during their mother's pregnancy; DASA Therapeutic Child Care is provided while the mother is in outpatient treatment and in residential treatment agencies in which the child resides with the parent,
4. DASA Child Care--DASA also pays for non-therapeutic Child Care while the mother is in outpatient treatment,
5. Case Management,
6. Living Stipend payments for ADATSA clients to cover food and housing costs while in outpatient,
7. Housing Support Services--DASA contracts with private agencies to provide individual or group living support services for Parenting Women in a drug free environment,
8. Urinalysis--DASA pays for screening of a limited number of Medical Assistance-eligible clients.

Changes from Prior Year: The report group Outpatient Assessments was changed to Assessments-General to more accurately reflect the services in this category.

Not in this Report: Most DASA Child Care, Interagency Prevention Services, Community Outreach and Prevention Services, Support Services, and some special projects.

Children's Services

Children's Administration promotes families and seeks to ensure the safety and protection of children. CA both provides direct services and works in partnership with community-based public and private organizations.

Adoption and Adoption Support: Children's Administration provides both Adoption Services and Adoption Support.

1. Adoption Services provide opportunities to permanently place in families children in DSHS custody. Services include permanency planning, adoption preparation, placement supervision, and some limited post-adoption services.
2. Adoption Support encourages adoption of hard-to-place children from DSHS foster care and adoption of children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption. This service eliminates barriers to the adoption of such children by providing financial assistance; medical and counseling services; and assistance with legal fees for adoption finalization.

Behavioral Rehabilitation Services-Emergent: This program uses intensive resources to create an environment in which supervised group and/or family living are integrated into a set of comprehensive services where positive behavioral support methods and environmental structure are provide short-term assessment and interim care services for children with mental, developmental, emotional, and/or behavioral difficulties that exceed the service or supervision capacity of regular foster care families. Clients may be sexually aggressive, self-injurious, high risk, behaviorally or emotionally disordered, developmentally disabled, autistic or medically fragile.

Behavioral Rehabilitation Services--Ongoing: This program uses intensive resources to create an environment in which supervised group and/or family living are integrated into a set of comprehensive services where positive behavioral support methods and environmental structure are provided on an ongoing basis for children with mental, developmental, emotional, and/or behavioral difficulties that exceed the service or supervision capacity of regular foster care families. Clients may be sexually aggressive, self-injurious, high risk, behaviorally or emotionally disordered, developmentally disabled, autistic or medically fragile.

Child Care Services: Children's Administration provides child care subsidies to support children and their families engaged in various programs and services offered by the administration. This includes: Adoption Support Child Care, Employed Foster Parent Child Care, and CPS/CWS Child Care (the latter for children at risk of child abuse and/or neglect).

Children whose families are in need of child care support services receive CPS/CWS and Employed Foster Parent Child Care subsidies. Adoption Support Child Care is provided to hard-to-place children who, because of age, race, physical condition, or emotional health, would not otherwise be placed for adoption.

Note: CSDB Child Care counts include both the children being served and their adult, primary caregivers.

Child Protective Services (CPS) Case Management: CPS workers provide family services to reduce risk and to maintain children in their own homes. CPS cases are accepted for investigation based on a risk assessment which includes a sufficiency screen for new referrals, an initial risk assignment and response designation, and collateral contacts with key witnesses or information sources. CPS cases receive 24-hour intake, assessment, and emergency intervention services. Ongoing CPS includes direct treatment, coordination and development of community services, legal intervention, and case monitoring.

Child Welfare Services Case Management (CWS): Services are designed to strengthen, supplement, or substitute for parental care and supervision. CWS Services may involve substitute care such as Foster Care or Adoption placements.

Crisis Care Services: CA provides emergency placement resources for children pending family reunification or out-of-home placement to longer-term Family Foster Care or Group Care. Crisis Care includes Crisis Counseling and/or placement in Crisis Residential Centers

(CRC). Two types of CRCs are utilized: Group and Family facilities. Crisis Care also includes costs associated with clothing or personal incidentals purchased for children placed in CRCs.

Family Reconciliation Services (FRS): Family Reconciliation Services help adolescents, 13-17 years of age and their families, in instances where the adolescent has run away and/or is in conflict with his/her family. FRS involves three components:

1. Intake;
2. Family Assessment; and
3. Crisis Counseling provided by county-contracted counselors.

Family-Focused Services: CA provides individualized services to help families who are at risk of child placement or are in need of reunification. Family-Focused Services may include traditional child welfare services, such as parent aides or counselors, and/or support centered around basic needs, such as clothing, shelter, employment, and transportation. Family-Focused Services also include in-home family preservation services and intensive family preservation services that are provided by contract agencies.

Foster Care Placement Services: Foster Care Placement Services are provided when children need short-term or temporary protection because they are abused, neglected, and/or involved in family conflict. The goal of Foster Care Placement Services is to return children to their homes or to find another permanent home as early as possible. Children here are served in out-of-home placements exclusively. Placement types include traditional Foster Care Placements as well as placements in Family Receiving Homes.

Notes:

1. CSDB client counts for Foster Care Placement Services include only the children being served, not their families.
2. Children receiving Foster Care Placement Services are served exclusively in out-of-home settings.
3. Foster Care Placement Services may be provided without prior Child Protective Services (CPS) involvement.

Foster Care Support Services: Foster Care Support Services are provided to children and families who need short-term or temporary protection because they are abused, neglected, and/or involved in family conflict. The goal of Foster Care Support Services is to return children to their homes or to find another permanent home as early as possible. Children are served either in their own homes or in out-of-home placements. Also included are support services received by children while in foster care: clothing and personal incidentals, psychological evaluation and treatment, personal care services, transportation, and payments made to foster parents for respite and for additional supervision for special activities.

Notes:

1. CSDB client counts for Foster Care Support Services include both the children being served and their families.
2. Children receiving Foster Care Support Services may be served in their own homes as well as in out-of-home placements.
3. Foster Care Support Services may be provided without prior Child Protective Services (CPS) involvement.

Other Intensive Services: These services are alternatives to the regular contracted Behavioral Rehabilitation Services. They include the following:

1. Children's Hospitalization Alternatives Program (CHAP). This service may occur in either the child's own home or a treatment foster home.
2. Treatment foster home services that are not CHAP.
3. After Care services. These services may occur in the youth's own home, a relative's home, or a foster home. They are intended to help youth transition to their permanent placement from the more intense Behavioral Rehabilitation Services.
4. Child specific placement services. These structured individualized services are for youth that exhibit behaviors, disorders, and disabilities so extreme they require placement and services above and beyond the normal BRS.
5. Exceptional clothing and personal incidentals.
6. Exceptional transportation.

Additional Services in Program Total: Some services are small and unlike others are included in this category. Client counts and expenditures for the following services appear in the program total only:

1. Personal Care - Nurse Oversight: Authorizations for Title XIX Personal Care Nurse Oversight services for children with special needs.
2. Child Care Registration: Payment of a fee to register a child in a licensed Child Care facility.
3. Child Care Registration - Infant Bonus: Payment of a \$250 infant bonus to a licensed or certified Child Care provider.
4. Independent Living Skills (ILS) Support: Payment for enhanced non-maintenance services for children 16 or older living in a CA-paid placement who are not receiving contracted ILS services.

Changes from Prior Year: Employment Child Care which was previously reported in Children's Services is now reported as part of ESA Child Care under the Economic Services Administration.

Not in this Report: Referrals Not Accepted (did not pass sufficiency screening), Accepted Referrals where no caseworker was assigned, Child Care Training, Regional Crisis Residential Centers (CRCs), Secure Crisis Residential Centers (CRCs), Miscellaneous Adoption Services, Payments to assure availability of beds (e.g. CRC slot payments), Public Health Nurses, Street Youth and Victim's Assistance, Domestic Violence, State Domestic Violence Hotline, Sexual Assault Victim Services, Employment Child Care (now reported in ESA), DLR Child Protective Services Case Management.

Developmental Disabilities Services

DDD provides support services and opportunities for the personal growth and development of persons with developmental disabilities resulting from mental retardation, epilepsy, cerebral palsy, autism or similar neurological conditions that originated before adulthood. DDD clients' disabilities are lifelong and constitute a substantial handicap to everyday functioning. Additional, children under age 6 may receive services if they have Down Syndrome or have developmental delays of 25% or more below children of the same age. CSDB obtains service and expenditure information for some clients who do not appear in DDD information systems due to the inclusion of additional source information systems (e.g. the Medicaid Management Information System). DDD also typically reports point in time counts rather than annual counts. For these reasons, CSDB client counts and dollar sums may differ from those reported by DDD.

Case Management: Case managers perform intake, eligibility determinations, and reviews, and provide information and referral services to applicants and eligible clients. Case managers help eligible DDS clients and their families assess needs; develop and review individual service plans; authorize services; and link clients with needed medical, social, educational or other services, as well as provide support and assistance in handling life crises. Case management service is not provided to clients living in state institutions. A Habilitation Plan Administrator (HPA) at the institution monitors these clients. While CSDB includes expenditures for all clients receiving assessments and ongoing case management, counts are reported only for those clients who are determined eligible for ongoing Case Management services.

Community Residential Services: DDS clients who require assistance with daily living may receive facility based or non-facility based Community Residential Services. Clients receiving facility based services live in contracted Intermediate Care Facilities for the Mentally Retarded (ICF/MRs), Adult Residential Centers (ARCs), Group Homes, or Adult Family Homes (AFHs) where staff provide support and training. Clients receiving non-facility based services live in their own homes, either alone or with a roommate; contracted agencies provide the necessary support in homes owned or rented by the client. Non-facility based services include Alternative Living, Medical/Dental services (for clients who are not Medicaid-eligible), Supportive Living, State Operated Living Alternatives (SOLAs), Tenant Support, and Other Residential Support. Other Residential Support may include summer recreational activities, specialized aids or equipment purchases, reimbursement for activity fees, client transportation, interpreters, and other community supports such as client allowances or temporary additional staff when needed.

County Services: DDS contracts with county governments to provide services to both adults and children. Adult-oriented services include:

1. Individual Supported Employment which helps clients find and keep jobs in the community,
2. Group Supported Employment which enables clients to work in groups or enclaves at local businesses,
3. Prevocational Employment / Specialized Industries which provides employment in training centers, and
4. Community Access, Person-to-Person, Individual & Family Assistance, and Adult Day Health services which emphasize development of personal relationships within the individual's local community. DDS also funds Child Development services through county contracts. These services provide specialized therapeutic or educational services for infants and toddlers and their families in order to maximize the child's development and to enhance parental support of the child.

Note: Expenditures for County administration of these services are not included

Family Support Services: These services enable families to keep children with developmental disabilities at home. Family Support Services include Respite Care, Attendant Care, and Transportation for attendants or family members. Some clients receiving Family Support Services also receive the following services: Nursing Care, Physical Therapy, Occupational Therapy, Instructional Therapy, Behavioral Therapy, Communication Therapy, and Counseling.

Personal Care Services: DDS provides Personal Care Services to Medicaid-eligible children and adults. The major difference between children's and adult's Personal Care is in the interpretation of the level of need for specific Personal Care tasks. This service enables eligible individuals to remain in their community residences through the provision of semi-skilled maintenance or supportive services. These services can be provided in the person's own home, a licensed Adult Family Home (AFH), or an Adult Residential Center (ARC).

Professional Support Services: DDS funds the following Professional Support Services for adult DDS clients supported by Community Residential Services: Medical and Dental services (for clients Medicaid-eligible), Psychological Services (used to determine eligibility), Professional Evaluations (required by the criminal courts), Counseling, Nursing Care, Behavioral Therapy, Communication Therapy, Physical Therapy, Occupational Therapy, Instructional Therapy, and Other Therapies approved by exception. DDS also funds Professional Support Services for persons with developmental disabilities who live with their families. Note: CSDB counts for Medical/Dental services include only those clients whose treatment was paid for by DDS. DDS does not typically report on Medical/Dental services, so counts and cost will be higher than reported by DDS. Those clients whose treatment was paid for by the Medical Assistance Administration are included in the MAA counts.

RHCs and Nursing Facilities: The following state Residential Habilitation Centers (RHCs) provide residential and habilitation services to persons with developmental disabilities either under Intermediate Care Facilities for the Mentally Retarded (ICF/MR) or Nursing Facility (NF) regulations: Rainier School and the Frances Haddon Morgan Center have only ICF/MR beds; Fircrest and Lakeland Village have both ICF/MR and NF beds; all beds at Yakima Valley are NF. Respite care services, not identified as such in the data, are included making CSDB counts higher than DDS reports.

Voluntary Placement-Children: A family may ask for out-of-home placement for their child under 18 due solely to the child's disability. Under certain circumstances, the child may be placed in licensed out-of-home care.

Additional Services (DDS Misc): Services that are small or unlike others are included in this category. Client counts and expenditures for the services that follow appear in the program totals only.

Infant Toddler Early Intervention Program: ITEIP provides early intervention services, including family resources coordination, for eligible children, from birth to age three, and their families. Only a portion of ITEIP services are reported here. ITEIP administrative costs and services provided by non-DSHS agencies are not included. Child Development services, coordinated through DDS, are reported under County Services. Complete ITEIP data are available from DDS in the ITEIP Data Management System.

Changes from Prior Year: None.

Not in this Report: Training, Payments for DDD Group Home vacancies, Respite Care for RHC and SOLA residents, and Authorization for Employment and Day Services (only the Provided services are reported).

Economic Services

ESA administers welfare grants, related employment training, and child care to low-income persons in the following groups: disabled and unemployable persons, persons who have children under age 18, and pregnant women. In addition, ESA administers services that promote economic independence and self-sufficiency for refugees through the effective use of financial, medical, and social services. ESA also administers food assistance services.

Basic Food Program: Federal Food Stamp Program (FSP) benefits are available to households with income below 130% of the federal poverty level and resources below federal

limits. Legal immigrants who are ineligible for the federal FSP but meet FSP income and resource limits receive food assistance through the state-funded Food Assistance Program (FAP) for Legal Immigrants. Food assistance benefits are generally available to all low-income households regardless of factors such as age, incapacity, and dependency. Certain students of higher education, Able-Bodied Adults Without Dependents (ABAWDs), and families participating in the food distribution program on or near Indian reservations are not eligible for benefits. In addition, those ABAWDs who are eligible may receive no more than 3 months of benefits during a 36-month period unless they either work at least 20 hours a week or participate in Food Stamp Employment and Training activities. Recipients receive Electronic Benefit Transfer (EBT) cards to purchase food at participating food stores.

Child Support: ESA's Division of Child Support (DCS) provides services to establish paternity; locate non-custodial parents; and the establishment, modification, and enforcement of child support orders (financial and medical). DCS provides services under Title IV-D of the Social Security Act as well as those required by Washington family support orders. Services are provided for families in Washington and DCS also coordinates services through the agencies of other states when necessary. The primary beneficiaries of collections from the non-custodial parents are the children through the custodial parents.

CSDB Child Support Enforcement client counts include only clients (custodial parents, non-custodial parents, and children) that were served by another DSHS program during SFY2004. An additional 559,559 children and custodial and non-custodial parents were served by Child Support Enforcement and received no other DSHS program service.

Consolidated Emergency Assistance: ESA provides for specific emergent needs such as food, shelter, clothing, minor medical, household maintenance, job-related transportation or clothing, and transportation for foster care-bound children. Payment is limited to specified maximums for individual emergent need items or the Temporary Assistance for Needy Families (TANF) Payment Standard, whichever is lower. Benefit payments are authorized for only 30 days in any 12 consecutive month period. CEAP is available to the following persons:

1. Pregnant women in any stage of pregnancy, or
2. Families with dependent children. Prior to January 2000, clients could be eligible for CEAP benefits while receiving ongoing cash assistance. Beginning January 1, 2000, clients must be ineligible for TANF, State Family Assistance (SFA), Refugee Cash Assistance (RCA), or Diversion Cash Assistance (DCA) to receive CEAP benefits. This policy change restricting eligibility accounts for the significant decline in numbers served by ESA between SFY99 and SFY00. In SFY 2000, part of the funding for the CEAP program was transferred to the Department of Community, Trade and Economic Development.

Diversion Cash Assistance: ESA provides one-time DCA grants to low-income families with temporary emergent needs who are not likely to need TANF assistance if those needs are met. DCA grants are limited to \$1,500 once per year. DCA payments may be used to cover emergent needs for shelter, transportation, child care, food, medical care, and employment-related expenses. Payments are usually paid directly to vendors. Recipients must meet TANF or SFA eligibility criteria to receive a DCA grant. If the family or assistance unit goes on TANF or SFA assistance within 12 months of receiving a DCA grant, a proportionate amount of the DCA payment must be repaid through a deduction from the monthly TANF/SFA cash grant.

ESA Child Care: ESA provides child care assistance through the Working Connections Child Care Program to: (1) eligible TANF families who require child care to participate in approved WorkFirst activities, job search, employment, or training and (2) non-TANF families who require child care to maintain employment or to attend approved training. In addition, ESA provides child care through the Seasonal Child Care Program to families that are seasonally employed in agriculturally related work. Clients receiving ESA Child Care must pass an economic means test. Clients receiving subsidized childcare through ESA's Homeless Child

Care program are not included in this report. A small number of families receiving child care through the Refugee Child Care program are included in these counts.

Note: CSDB Child Care counts represent an unduplicated count of all children being served and one parent or guardian associated with those children.

General Assistance (GA-ABD, GA-I, GA-U, and GA-X): ESA provides GA-A/B/D, GA-I, GA-U, and GA-X cash grants to clients who are poor, do not have dependent children and are unable to work because of the effects of a physical or mental disorder. GA-A/B/D benefits are paid to the aged, blind, and/or disabled. GA-I benefits are paid to clients residing in institutional facilities. GA-U benefits are paid to those with medical conditions that are not severe or long-term enough to meet federal disability criteria. GA-X benefits are paid to clients who are awaiting SSI determination (GA-X).

Refugee Grants: Refugees who meet state income and grant standards, but do not qualify for TANF or SSI, receive federal Refugee Cash Assistance (RCA) for their first eight months in the United States. In general, RCA recipients are single persons and married couples without children.

Supplemental Security Income-State (SSI): SSI is a national benefit service for individuals and couples who are age 65 or older or who are blind or disabled as determined by the Social Security Administration. SSI State Supplement Payments are Washington State funded grants which supplement federal SSI payments. SSI state supplement payments are made to individuals and couples who have countable income below a combined state and federal income standard and meet one of the following criteria:

1. a grandfathered SSI recipient;
2. an individual with an ineligible spouse;
3. age 65 or older;
4. blind;
5. determined eligible for SSP by the Division of Developmental Disabilities; or
6. determined eligible under specific criteria set by the Children's Administration.

SSI clients who meet the SSP criteria are only eligible for one SSP payment per month.

Note: The difference in Dollars for SSI in FY2004 in part reflects payments made to SSI clients to fulfill Washington State's Maintenance of Effort (MOE) obligation of \$28.9 million for the State Supplemental Payment Program (SSP); the increase in clients is due, in part, to clients reinstated in FY2004 after decreases in service in FY2003.

TANF and State Family Assistance: ESA provides TANF cash grants to the following financially needy client groups:

1. Children under age 18,
2. Children under age 19 attending high school or working towards a GED full-time,
3. Parents or caretaker relatives of these children,
4. Unmarried teen parents under the age of 18, and
5. Pregnant women. Eligibility for TANF cash grants is limited to a 5-year period during which adult members of the family or assistance unit are expected to participate in WorkFirst. In addition to ongoing TANF cash grants, families may receive a special one-time Additional Requirements for Emergent Needs (AREN) cash payment to meet emergency housing or utility needs.

ESA also provides SFA cash grants to certain persons meeting Washington State residency requirements who are not eligible for TANF assistance and who are

1. Qualified aliens and have been in the United States for less than five years,
2. Aliens who are permanently residing in the US under color of law (PRUCOL),
3. Nineteen or twenty year-old students meeting certain education requirements (i.e. receiving a special education due to their disability or participating full-time in secondary education or vocational training), or
4. Pregnant women who have been convicted of either misrepresenting their residence in order to receive benefits from two or more states at the same time or of a drug-related felony.

WorkFirst: Persons age 16 or older who receive TANF cash aid must participate in WorkFirst. WorkFirst services include case management (such as orientation, screening, evaluation, assessment, referrals and case staffing), support services (such as money to pay for transportation or other work-related expenses), job preparation, employment services, education and training (including high school/GED completion), help with resolving issues that interfere with employment (such as chemical dependency, disability, and family violence), specialized services for persons with limited-English proficiency or for pregnant women/parents of infants, subsidized community jobs, unpaid work and on-the-job training. People who refuse to participate as required in WorkFirst activities are sanctioned and receive a reduced TANF grant. Once sanctioned, they may also lose food assistance unless they are exempt under federal food assistance rules or meet the Food Stamp Employment and Training (FS E&T) registration and participation (such as job search or training) requirements.

Additional Services (ESA Misc): Services that are small or unlike others are included in this category. Client counts and expenditures for the following services appear in the program total only. Categories are as follows:

1. SSI Facilitation--ESA provides assistance with the completion and monitoring of SSA Title II or Title XVI applications to the following client groups: GA-U recipients, TANF recipients, and ADATSA shelter residents,
2. Protective Payee Fees,
3. Eligibility Determination--ESA staff perform assessment, evaluation, and documentation of incapacity for applicants or recipients, 4) Refugee and Immigrant Assistance (RIA) coordinates a variety of contracted services including English as a Second Language (ESL) Training, Health Screening, Self-Sufficiency Assessments, Citizenship Training, Planning, Employment Services, Foster Care, Mental Health and other Social Services and referrals to medical services. All RIA Services are provided to refugees and immigrants through private non-profit and government contractors. ESL Training assists refugees and immigrants to overcome communication problems and to obtain the necessary language skills to find employment. Employment Services include assessment, job development, job placement, on-the-job-training, trial employment, and follow-up to ensure job retention,
4. Refugee Unaccompanied Minors--RIA administers foster care contracts for children who have been identified as Unaccompanied Minors by the Office of Refugee Resettlement. The contracting agencies provide services that include recruiting, training and/or licensing foster families, placement, and casework services. These agencies also provide emancipation training and cultural preservation activities.

Changes from Prior Year: The Office of Refugee and Immigrant Assistance (ORIA) changed to Refugee and Immigrant Assistance (RIA) and moved to the Additional Services report group in FY2004. Working Connections Child Care was changed to ESA Child Care. Child Support is reported for the first time in CSDB.

Not in this Report: Telephone Assistance (Washington Telephone Assistance Program); Non-Assistance Support Collection; Public Assistance Recoveries (which offset ESA expenditures); Refugee Health Screening.

Juvenile Rehabilitation Services

JRA serves youth who have been adjudicated in Juvenile Court and sentenced for a minimum and maximum term. CSDB reports data for JRA youth in residential placements, or who have been in residential placement and moved out on parole. Learning and Life Skills Services and Consolidated Juvenile Services which JRA funds are not included. Specialized Mental Health, Substance Abuse, and/or Sex Offender treatment services are provided to all JRA youth as necessary in its Institutional, Youth Camp, Community, and Parole placements.

Community Placement: JRA clients are housed in the following types of small group facilities while working and/or attending schools in the community: JRA-operated Community Facilities; Contracted Community Facilities; and Short Term Transitional Program.

Dispositional Alternatives: Dispositional Alternatives include the following services:

1. Chemical Dependency Disposition Alternative (CDDA) services are designed for substance- abusing juvenile offenders allowing for community supervision and treatment as an alternative to institutional confinement.
2. Disposition Alternative Community Commitment (DACC) places limits on the amount of time that a juvenile can spend in secure county detention and sets out other placement alternatives, such as home detention, electronic home monitoring, county group care, and day or evening reporting.
3. Mental Health Disposition Alternative (MHDA) services are designed for offenders with a diagnosis consistent with the American psychiatry association diagnostic and statistical manual of mental disorders allowing for community supervision and treatment as an alternative to institutional confinement,
4. Special Sex Offender Disposition Alternative (SSODA) services are designed for first-time juvenile sex offenders allowing for community supervision and treatment as an alternative to institutional confinement, and
5. Suspended Disposition Alternative (SDA) services are designed for offenders subject to a standard range disposition involving confinement by the department and allowing for community supervision and treatment as an alternative to institutional confinement.

Institutions, Youth Camps, and Basic Training: All JRA institutions and youth camps provide treatment, education, and/or work experience in a secure facility. JRA Institutions include Green Hill, Maple Lane and Echo Glen; JRA Youth Camps include Naselle; JRA also operates Camp Outlook Basic Training Camp.

Parole: Parole counselors supervise juvenile offenders released to parole status. Counselors provide structure, supervision, family and client support, and access to needed community services. Several distinct types of Parole are provided: Intensive, Sex Offender, Enhanced, Transition, and Basic Training Camp Aftercare.

Changes from Prior Year: The report group JRA Miscellaneous was changed to Dispositional Alternatives as this title more accurately reflects the services in this category.

Not in this Report: Learning and Life Skills Services; Consolidated Juvenile Services.

Medical Assistance

MAA assures that necessary medical care is available to income assistance and other eligible low income persons. Medical Assistance-paid services include fee-for-service payments and managed health care premiums. Medical Assistance-paid services also include primary care case management clients, regardless of whether they received fee-for-service services. Through the provision of Medicaid services, MAA uses both federal and state funds to pay for services to Categorically Needy clients, those meeting categorical and income eligibility requirements set by the federal government for income assistance services; and to Medically Needy clients, those meeting categorical eligibility requirements but with assets and/or incomes slightly higher than the allowable limits. Included in Categorically Needy clients are pregnant women in Washington State who are at or below 185 percent of the federal poverty level as well as Medicaid eligible children under the age of 19 with family incomes at or below 200 percent of the federal poverty level. Under the Refugee Act of 1980, the federal government pays for services provided to refugees in their first 8 months in the United States. In addition to federally-funded services, Washington State covers the cost of services to non-Medicaid eligible children under the age of 18 with family incomes below 100 percent of the federal poverty level and to non-Medicaid eligible clients receiving GA-U.

Dental Services: Dental Services include diagnostic, preventive, or corrective services provided by or under the supervision of an individual licensed to practice dentistry or dental surgery.

First Steps: This program provides low-income pregnant women with medical coverage and social services to increase the chances of healthy birth outcomes and includes full medical, vision and dental coverage for the mother from enrollment during her pregnancy through two months post-delivery. Post-delivery, the mother is eligible for Family Planning Services for another 10 months. Newborns receive full medical coverage until the first birthday.

Hospital Inpatient Care: These services include care and treatment to clients admitted to stay at a facility under the direction of a physician or dentist. A licensed or formally approved hospital furnishes these services. This program includes emergency room services to clients admitted through the emergency room to an inpatient stay. Hospital Inpatient Care includes room and board and other ancillary services such as drugs, laboratory, and radiology.

Hospital Outpatient: A licensed or approved hospital provides Hospital Outpatient Care to clients treated, but not admitted to stay, at the facility.

Managed Health Care Payments: Managed Health Care Payments are fixed monthly premiums paid on a per client basis to managed health care providers. In return for the payment, a managed health care provider makes a range of services available to the client. The one-time payment is independent of the client's use of those services and replaces the traditional fee-for-service arrangement. Health maintenance organizations, (which provide services through staff physicians) or health insuring organizations (which contract with primary care physicians to provide services) administer managed health care plans.

Medically Eligible Clients (Title XIX): Clients who are eligible to receive medical services for which the state receives federal Title XIX matching funds. Title XIX of the Social Security Act funds:

1. Medical assistance on behalf of families with dependent children and of aged, blind, or disabled individuals, whose income and resources are insufficient to meet the costs of necessary medical services, and

2. Rehabilitation and other services to help such families and individuals attain or retain capability for independence or self-care.

Medically Eligible Clients (non-Title XIX): Clients who are eligible to receive medical services which are not Title XIX funded.

Other Medical Services: Other Medical Services include laboratory tests and x-rays, durable medical equipment, home health care, optometrists/opticians/ eyeglasses, chiropractic care, Indian Health, rural health facilities, and a variety of other services that represent a small proportion of MAA expenditures.

Physician Services: A provider of Physician Services is, or is under the personal supervision of, an individual licensed to practice medicine or osteopathy. Providers furnish Physician Services in the physician's office, the client's home, a hospital, a nursing home, or a clinic. Physician Services include primary care case management.

Prescription Drugs: These include simple or compound substances or mixtures prescribed by a physician or other licensed practitioner and dispensed by licensed pharmacists or other authorized practitioners, with no adjustment for drug rebate.

Changes from Prior Year: State Only coverage of children who were not eligible for federally supported medical assistance programs was dropped in FY 2004. The Medically Indigent program was also terminated by the Legislature effective FY 2004. First Steps reporting was added to CSDB.

Not in this Report: Audit Settlements; Family Planning; HIV Insurance; Kidney Disease Programs; Medicare Premium Payments; Transportation; Disproportionate Share; Drug Rebates.

Special Notes: Client counts and dollar amounts reported from CSDB may differ to some extent from those reported by MAA for the following reasons: CSDB obtains its medical information from the MMIS Billing/Warrants File, while MAA reports are based on its Extended Data Base (EDB); methodological differences between CSDB and EDB in terms of how client counts are calculated; classification differences between CSDB and EDB in terms of how services are categorized; methodological differences between CSDB and EDB in terms of how dollar amounts are calculated. CSDB does not include payment adjustments that are not attributable to individual clients; EDB includes certain adjustments.

Mental Health Services

MHD administers treatment services for adults and children who are severely and/or chronically mentally ill. MHD administers services through three channels: MHD directly operates state mental hospitals, which deliver services to clients with severe mental disorders.

Single counties or groups of counties administer Regional Support Networks (RSNs), which contract with licensed community mental health providers to supply mental health services. RSNs coordinate crisis response, community support, residential and resource management services. MHD funds services to Medicaid eligible consumers within an RSN through capitated Prepaid Inpatient Health Plans (PIHPs) and funds services to non Medicaid eligible consumers within an RSN through state grant.

Community Evaluation and Treatment facilities include general hospitals and psychiatric hospitals that deliver inpatient psychiatric treatment, both voluntary and involuntary, to consumers authorized by the RSNs. For involuntary admissions, either general or psychiatric hospitals in the community serve as hospital-based Evaluation and Treatment (E&T) facilities that provide services during emergency situations for the initial 72-hour detention and for an additional 14 days of commitment if necessary. E&Ts may also be free-standing residential treatment facilities.

Child Study and Treatment Center (CSTC): MHD operates a state hospital for children who are psychiatrically disturbed. Inpatient services are provided on the grounds of Western State Hospital.

Community Inpatient/Evaluation and Treatment: Community general hospitals, psychiatric hospitals, and free-standing residential treatment facilities provide services to clients who are voluntarily admitted for inpatient care. In addition, the Involuntary Treatment Act (ITA) authorizes involuntary admissions to these community facilities.

Community Services: Community mental health providers deliver Individual Therapy, Group Therapy, Day Treatment and Medication Management on an outpatient basis in both emergent and non-emergent situations. Also included here are Day Treatment services provided on an outpatient basis at the Child Study and Treatment Center at Western State Hospital. Expenditures for RSN Administration are not included.

State Institutions: MHD operates two state hospitals, Eastern State Hospital and Western State Hospital. State Hospitals provide inpatient services to both voluntary and involuntary clients. Services offered at Western State Hospital also include the Program for Adaptive Living Skills (PALS).

Changes from Prior Year:

Residential services are reported as encounter data from the RSN. The service hours are included in the outpatient services.

Vocational Rehabilitation

DVR serves persons who want to work but have difficulty obtaining and/or maintaining employment due to a physical, sensory, and/or mental disability. DVR provides vocational assistance, independent living, and job support services.

Independent Living Case Management: Independent Living Case Management, Expenditures and Part B include evaluations and social services that assist persons in dealing with life issues that get in the way of rehabilitation and employment goals. Case managers help clients to access community resources and develop self-advocacy, money management, and personal organization skills.

Medical and Psychological Services: Agencies contracted by DVR provide medical or psychological evaluations needed to identify work potential and/or enhance job accessibility. Medical and Psychological Services include the purchase of adaptive devices, prostheses, eye glasses, and job site re-engineering.

Personal Support Services: DVR funds services associated with the completion of a rehabilitation plan and with finding employment. Personal Support Services include payments for transportation, day care, independent living services, and vehicle modifications necessary to accommodate a disability.

Placement Support (Work Support): DVR funds services associated with job placement. Placement Support Services include the purchase of work clothing, books, tools or equipment necessary for job placement; assistance with resumes, job applications, business licenses and fees; and job placement fees.

Training, Education and Supplies: DVR funds the direct costs of post-secondary Training. DVR also assists clients with Education and Supplies including tuition, school books and equipment, interpreter or reader services, and lab fees.

Vocational Assessments (Job Skills): Agencies contracted by DVR identify clients' interests, readiness for employment, work skills, and job opportunities in the community.

Vocational Rehabilitation Case Management: Vocational Rehabilitation services help participants assess job skills and find suitable employment. Case managers assist a small segment of clients who are severely disabled. To maintain employment, these clients require ongoing follow-up and post-employment services. Other agencies provide long-term follow-up and employment services.

Changes from Prior Year: None.

Source: Washington State Department of Social and Health Services, Research and Data Analysis, Client Services Database, June 2003-July 2004. January 2006.